



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Michigan, Inc.

(Name)

NAIC Group Code 00936 (Current Period) , 00936 (Prior Period) NAIC Company Code 15104 Employer's ID Number 46-0906893

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 08/15/2012 Commenced Business 04/17/2013

Statutory Home Office 4000 Town Center, Suite 1300 (Street and Number) , Southfield, MI, US 48075 (City or Town, State, Country and Zip Code)

Main Administrative Office 200 Stevens Drive (Street and Number)
Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code) 215-937-8000 (Area Code) (Telephone Number)

Mail Address 4000 Town Center, Suite 1300 (Street and Number or P.O. Box) , Southfield, MI, US 48075 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 Stevens Drive (Street and Number)
Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code) 215-937-8000 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerihealthcaritasvipcareplus.com

Statutory Statement Contact Joseph Victor Cella (Name) , 215-937-8747 (Area Code) (Telephone Number) (Extension)
jcella@amerihealthcaritas.com (E-Mail Address) 855-822-9400 (Fax Number)

OFFICERS

Name	Title	Name	Title
Michael John Burgoyne	Treasurer	Robert Edward Tootle, Esquire	Secretary
Robert John Smith	President		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Steven Harvey Bohner	Marilyn Lee Eckley	Michael John Burgoyne	James Michael Jernigan
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State of Pennsylvania

County of Philadelphia

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The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael John Burgoyne
Treasurer

Robert Edward Tootle, Esquire
Secretary

Robert John Smith
President

Subscribed and sworn to before me this
day of February, 2022

a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	0		0	1,220,933
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$27,127,419 , Schedule E-Part 1), cash equivalents (\$0 , Schedule E-Part 2) and short-term investments (\$1,221,270 , Schedule DA).....	28,348,689		28,348,689	16,207,893
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	28,348,689	0	28,348,689	17,428,826
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	7,020		7,020	12,764
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	7,920,447		7,920,447	9,551,725
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	417,808		417,808	437,959
18.2 Net deferred tax asset.....			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	3,000,000		3,000,000	5,500,000
24. Health care (\$405,594) and other amounts receivable.....	2,019,487	1,613,893	405,594	254,345
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	41,713,451	1,613,893	40,099,558	33,185,619
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	41,713,451	1,613,893	40,099,558	33,185,619
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.			0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	14,961,965		14,961,965	13,459,368
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	42,503		42,503	156,518
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....	6,318,086		6,318,086	3,327,908
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	3,140,986		3,140,986	1,082,817
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)).....			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	994,708		994,708	649,438
16. Derivatives.....		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) companies.....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	960,399	0	960,399	856,548
24. Total liabilities (Lines 1 to 23).....	26,418,647	0	26,418,647	19,532,597
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	74,125,000	68,125,000
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(60,444,089)	(54,471,978)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	13,680,911	13,653,022
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	40,099,558	33,185,619
DETAILS OF WRITE-INS				
2301. Stale Dated Checks.....	506,684		506,684	421,186
2302. Insurance Provider Assessment.....	453,715		453,715	435,362
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	960,399	0	960,399	856,548
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	36,416	34,540
2. Net premium income (including \$0 non-health premium income).....	XXX	79,509,994	72,372,783
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	79,509,994	72,372,783
Hospital and Medical:			
9. Hospital/medical benefits		49,232,499	45,671,106
10. Other professional services		4,384,708	4,215,772
11. Outside referrals		11,913,813	10,992,574
12. Emergency room and out-of-area		1,960,644	1,858,035
13. Prescription drugs		2,823,437	3,414,266
14. Aggregate write-ins for other hospital and medical	0	909,729	840,470
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15)	0	71,224,830	66,992,223
Less:			
17. Net reinsurance recoveries			0
18. Total hospital and medical (Lines 16 minus 17)	0	71,224,830	66,992,223
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$4,657,940 cost containment expenses.....		5,338,545	4,678,284
21. General administrative expenses.....		6,504,521	8,090,186
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		2,990,179	227,908
23. Total underwriting deductions (Lines 18 through 22)	0	86,058,075	79,988,601
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(6,548,081)	(7,615,818)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		10,999	100,987
26. Net realized capital gains (losses) less capital gains tax of \$			0
27. Net investment gains (losses) (Lines 25 plus 26)	0	10,999	100,987
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		0	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(6,537,082)	(7,514,831)
31. Federal and foreign income taxes incurred	XXX	(749,871)	(3,538,117)
32. Net income (loss) (Lines 30 minus 31)	XXX	(5,787,211)	(3,976,714)
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401. Durable Medical Equipment.....		456,271	429,880
1402. Alternative Medical Cost.....		405,266	410,590
1403. Consumer Incentives.....		48,192	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	909,729	840,470
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	13,653,022	11,367,485
34. Net income or (loss) from Line 32	(5,787,211)	(3,976,714)
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax		0
39. Change in nonadmitted assets	(184,900)	762,251
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	6,000,000	5,500,000
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	27,889	2,285,537
49. Capital and surplus end of reporting year (Line 33 plus 48)	13,680,911	13,653,022
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	81,141,272	75,042,873
2. Net investment income	17,676	104,782
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	81,158,948	75,147,655
5. Benefit and loss related payments	70,058,383	65,331,489
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7. Commissions, expenses paid and aggregate write-ins for deductions	11,647,901	12,599,352
8. Dividends paid to policyholders		0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(770,022)	(2,834,155)
10. Total (Lines 5 through 9)	80,936,262	75,096,686
11. Net cash from operations (Line 4 minus Line 10)	222,686	50,969
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	1,220,000	1,220,000
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,220,000	1,220,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	1,231,247
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	1,231,247
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	1,220,000	(11,247)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	8,500,000	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	2,198,110	625,411
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	10,698,110	625,411
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	12,140,796	665,133
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	16,207,893	15,542,760
19.2 End of year (Line 18 plus Line 19.1)	28,348,689	16,207,893

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Michigan, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	79,509,994	0	0	0	0	0	79,509,994	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue.....	0									XXX
5. Aggregate write-ins for other health care related revenues.....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	79,509,994	0	0	0	0	0	79,509,994	0	0	0
8. Hospital/medical benefits	49,232,499						49,232,499			XXX
9. Other professional services	4,384,708						4,384,708			XXX
10. Outside referrals	11,913,813						11,913,813			XXX
11. Emergency room and out-of-area	1,960,644						1,960,644			XXX
12. Prescription drugs	2,823,437						2,823,437			XXX
13. Aggregate write-ins for other hospital and medical.....	909,729	0	0	0	0	0	909,729	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	0									XXX
15. Subtotal (Lines 8 to 14)	71,224,830	0	0	0	0	0	71,224,830	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	71,224,830	0	0	0	0	0	71,224,830	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses.....	5,338,545						5,338,545			
20. General administrative expenses	6,504,521						6,504,521			
21. Increase in reserves for accident and health contracts	2,990,179						2,990,179			XXX
22. Increase in reserves for life contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	86,058,075	0	0	0	0	0	86,058,075	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(6,548,081)	0	0	0	0	0	(6,548,081)	0	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Durable Medical Equipment.....	456,271						456,271			XXX
1302. Alternative Medical Cost.....	405,266						405,266			XXX
1303. Consumer Incentives.....	48,192						48,192			XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	909,729	0	0	0	0	0	909,729	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....				.0
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare	79,509,994			79,509,994
7. Title XIX - Medicaid.....				.0
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8)	79,509,994	.0	.0	79,509,994
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	79,509,994	0	0	79,509,994

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Michigan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	70,058,382						70,058,382			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	70,058,382	0	0	0	0	0	70,058,382	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	14,961,965	0	0	0	0	0	14,961,965	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	14,961,965	0	0	0	0	0	14,961,965	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a).....	336,149						336,149			
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	13,459,368	0	0	0	0	0	13,459,368	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	13,459,368	0	0	0	0	0	13,459,368	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	71,224,830	0	0	0	0	0	71,224,830	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	71,224,830	0	0	0	0	0	71,224,830	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	4,391,379						4,391,379			
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	4,391,379	0	0	0	0	0	4,391,379	0	0	0
2. Incurred but Unreported:										
2.1. Direct	10,570,586						10,570,586			
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	10,570,586	0	0	0	0	0	10,570,586	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	14,961,965	0	0	0	0	0	14,961,965	0	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4. Net	14,961,965	0	0	0	0	0	14,961,965	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only.....					0	0
4. Vision Only.....					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	10,236,428	61,505,292	122,772	14,839,193	10,359,200	13,459,368
7. Title XIX - Medicaid.....					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	10,236,428	61,505,292	122,772	14,839,193	10,359,200	13,459,368
10. Healthcare receivables (a).....	57,171	1,962,316			57,171	0
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	10,179,257	59,542,976	122,772	14,839,193	10,302,029	13,459,368

(a) Excludes \$ loans or advances to providers not yet expensed.

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Michigan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	108,379	108,526	108,058	108,058	108,058
2. 2017.....	55,739	62,496	62,558	62,485	62,485
3. 2018.....	XXX	64,267	71,430	70,251	69,743
4. 2019.....	XXX	XXX	54,813	65,583	65,375
5. 2020.....	XXX	XXX	XXX	56,714	67,609
6. 2021.....	XXX	XXX	XXX	XXX	59,543

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	108,400	108,526	108,058	108,058	108,058
2. 2017.....	66,693	62,605	62,558	62,485	62,485
3. 2018.....	XXX	75,251	71,455	70,251	69,743
4. 2019.....	XXX	XXX	67,487	65,586	65,375
5. 2020.....	XXX	XXX	XXX	70,169	67,732
6. 2021.....	XXX	XXX	XXX	XXX	74,383

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017.....	73,193	62,485	6,263	10.0	68,748	93.9			68,748	93.9
2. 2018.....	75,429	69,743	6,126	8.8	75,869	100.6			75,869	100.6
3. 2019.....	66,634	65,375	4,360	6.7	69,735	104.7			69,735	104.7
4. 2020.....	72,373	67,609	4,689	6.9	72,298	99.9	123		72,421	100.1
5. 2021.....	79,510	59,543	5,453	9.2	64,996	81.7	14,839	43	79,878	100.5

Pt 2C - Sn A - Paid Claims - XI

NONE

Pt 2C - Sn A - Paid Claims - OT

NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	108,379	108,526	108,058	108,058	108,058
2. 2017.....	55,739	62,496	62,558	62,485	62,485
3. 2018.....	XXX	64,267	71,430	70,251	69,743
4. 2019.....	XXX	XXX	54,813	65,583	65,375
5. 2020.....	XXX	XXX	XXX	56,714	67,609
6. 2021.....	XXX	XXX	XXX	XXX	59,543

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	108,400	108,526	108,058	108,058	108,058
2. 2017.....	66,693	62,605	62,558	62,485	62,485
3. 2018.....	XXX	75,251	71,455	70,251	69,743
4. 2019.....	XXX	XXX	67,487	65,586	65,375
5. 2020.....	XXX	XXX	XXX	70,169	67,732
6. 2021.....	XXX	XXX	XXX	XXX	74,383

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017.....	73,193	62,485	6,263	10.0	68,748	93.9	0	0	68,748	93.9
2. 2018.....	75,429	69,743	6,126	8.8	75,869	100.6	0	0	75,869	100.6
3. 2019.....	66,634	65,375	4,360	6.7	69,735	104.7	0	0	69,735	104.7
4. 2020.....	72,373	67,609	4,689	6.9	72,298	99.9	123	0	72,421	100.1
5. 2021.....	79,510	59,543	5,453	9.2	64,996	81.7	14,839	43	79,878	100.5

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XI

NONE

Pt 2C - Sn B - Incurred Claims - OT

NONE

Part 2C - Sn C - Claims Expense Ratio Co
NONE

Part 2C - Sn C - Claims Expense Ratio MS
NONE

Part 2C - Sn C - Claims Expense Ratio DO
NONE

Part 2C - Sn C - Claims Expense Ratio VO
NONE

Part 2C - Sn C - Claims Expense Ratio FE
NONE

Part 2C - Sn C - Claims Expense Ratio XI

NONE

Part 2C - Sn C - Claims Expense Ratio OT

NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	6,318,086						6,318,086		
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	.0								
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	6,318,086	.0	.0	.0	.0	.0	6,318,086	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	6,318,086	0	0	0	0	0	6,318,086	0	0
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$6,318,086 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)	70,261	8,221	90,680		169,162
2. Salaries, wages and other benefits	3,558,052	404,942	2,668,801		6,631,795
3. Commissions (less \$ceded plus \$assumed)					0
4. Legal fees and expenses	16,745	1,946	21,064		39,755
5. Certifications and accreditation fees	3,333	1,080	4,401		8,814
6. Auditing, actuarial and other consulting services	30,004	7,212	168,159		205,375
7. Traveling expenses	0	40	(178)		(138)
8. Marketing and advertising	14,158	1,718	18,325		34,201
9. Postage, express and telephone	36,014	4,539	193,526		234,079
10. Printing and office supplies	7,661	958	249,482		258,101
11. Occupancy, depreciation and amortization	320,633	37,377	403,364		761,374
12. Equipment	11,084	1,290	13,944		26,318
13. Cost or depreciation of EDP equipment and software	0	0	0		0
14. Outsourced services including EDP, claims, and other services	345,376	185,631	526,835		1,057,842
15. Boards, bureaus and association fees	0	0	0		0
16. Insurance, except on real estate	1,662	341	2,135		4,138
17. Collection and bank service charges	89	97	31,548		31,734
18. Group service and administration fees	0	0	0		0
19. Reimbursements by uninsured plans	0	0	0		0
20. Reimbursements from fiscal intermediaries	0	0	0		0
21. Real estate expenses	0	0	0		0
22. Real estate taxes	1,662	341	2,135		4,138
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	0		0
23.2 State premium taxes	0	0	1,796,508		1,796,508
23.3 Regulatory authority licenses and fees	0	0	1,217		1,217
23.4 Payroll taxes	217,075	23,303	155,449		395,827
23.5 Other (excluding federal income and real estate taxes)	0	0	0		0
24. Investment expenses not included elsewhere	0	0	0		0
25. Aggregate write-ins for expenses	24,131	1,569	157,126	0	182,826
26. Total expenses incurred (Lines 1 to 25)	4,657,940	680,605	6,504,521	0 (a)	11,843,066
27. Less expenses unpaid December 31, current year	37,084	5,421	3,140,984		3,183,489
28. Add expenses unpaid December 31, prior year	133,471	23,047	1,082,817	0	1,239,335
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	4,754,327	698,231	4,446,354	0	9,898,912
DETAILS OF WRITE-INS					
2501. Consulting.....	141	0	500		641
2502. Miscellaneous Expenses.....	10,533	1,569	23,581		35,683
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page	13,457	0	133,045	0	146,502
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	24,131	1,569	157,126	0	182,826

(a) Includes management fees of \$5,985,271 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a).....14,317	.....1,553
1.1	Bonds exempt from U.S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a).....	.....
1.3	Bonds of affiliates	(a).....0	.....
2.1	Preferred stocks (unaffiliated)	(b).....0	.....
2.11	Preferred stocks of affiliates	(b).....0	.....
2.2	Common stocks (unaffiliated) .....	.....0	.....
2.21	Common stocks of affiliates .....	.....0	.....
3.	Mortgage loans	(c).....	.....
4.	Real estate	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e).....2,426	.....9,446
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income	16,743	10,999
11.	Investment expenses		(g).....
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g).....
13.	Interest expense		(h).....
14.	Depreciation on real estate and other invested assets		(i).....
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....0
17.	Net investment income (Line 10 minus Line 16)		10,999
DETAILS OF WRITE-INS			
0901.	.....	
0902.	.....	
0903.	.....	
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.	.....	
1502.	.....	
1503.	.....	
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes \$accrual of discount less \$933 amortization of premium and less \$0 paid for accrued interest on purchases.
(b) Includes \$accrual of discount less \$ amortization of premium and less \$0 paid for accrued dividends on purchases.
(c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$ paid for accrued interest on purchases.
(d) Includes \$for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
(e) Includes \$accrual of discount less \$14,171 amortization of premium and less \$139 paid for accrued interest on purchases.
(f) Includes \$accrual of discount less \$ amortization of premium.
(g) Includes \$investment expenses and \$investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes \$interest on surplus notes and \$ interest on capital notes.
(i) Includes \$depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....			.....0		
1.1	Bonds exempt from U.S. tax .....			.....0		
1.2	Other bonds (unaffiliated) .....			.....0		
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
3.	Mortgage loans .....	.....0	.....0	.....0	.....0	.....0
4.	Real estate .....	.....0	.....0	.....0		.....0
5.	Contract loans .....			.....0		
6.	Cash, cash equivalents and short-term investments .....			.....0	.....0	.....0
7.	Derivative instruments .....			.....0		
8.	Other invested assets .....	.....0	.....0	.....0	.....0	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses)	0	0	0	0	0
DETAILS OF WRITE-INS						
0901.	.....				
0902.	.....				
0903.	.....				
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	1,613,893	1,428,993	(184,900)
25. Aggregate write-ins for other-than-invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	1,613,893	1,428,993	(184,900)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	1,613,893	1,428,993	(184,900)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses.....		0	0
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	3,008	3,006	3,016	3,097	3,085	36,416
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	3,008	3,006	3,016	3,097	3,085	36,416
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AMERIHEALTH MICHIGAN, INC.

NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

1. Summary of Significant Accounting Policies and Going Concern

- A. Accounting Practices
The financial statements of AmeriHealth Michigan, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (DIFS).
- The Michigan DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Michigan Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Michigan. The State has adopted certain prescribed or permitted accounting practices that differ from those found in NAIC SAP. As of December 31, 2021, these prescribed accounting practices are not applicable to the Company.
- A reconciliation of the Company's net loss and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:
- | | SSAP # | F/S Page | F/S Line# | 2021 | 2020 |
|--|--------|----------|-----------|-----------------------|-----------------------|
| Net Income | | | | | |
| (1) AmeriHealth Michigan, Inc. state basis (Page 4, Line 32, Columns 2 & 3) | | | | \$ (5,787,211) | \$ (3,976,714) |
| (2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP | | | | \$ 0 | \$ 0 |
| (3) State Permitted Practices that are an increase/(decrease) from NAIC SAP | | | | \$ 0 | \$ 0 |
| (4) NAIC SAP (1-2-3=4) | | | | <u>\$ (5,787,211)</u> | <u>\$ (3,976,714)</u> |
| SURPLUS | | | | | |
| (5) AmeriHealth Michigan, Inc. state basis (Page 3, Line 33, Columns 3 & 4) | | | | \$ 13,680,911 | \$ 13,653,022 |
| (6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP | | | | \$ 0 | \$ 0 |
| (7) State Permitted Practices that are an increase/(decrease) from NAIC SAP | | | | \$ 0 | \$ 0 |
| (8) NAIC SAP (5-6-7=8) | | | | <u>\$ 13,680,911</u> | <u>\$ 13,653,022</u> |
- B. Use of Estimates in the Preparation of the Financial Statements
The preparation of financial statements in conformity with accounting practices prescribed or permitted by the Michigan DIFS requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.
- C. Accounting Policy
The Company uses the following accounting policies:
- Short-term investments are stated at amortized cost.
 - Bonds - None
 - Common Stocks - None
 - Preferred Stock - None
 - Mortgage Loans - None
 - Loan-backed securities - None
 - Investments in subsidiaries, controlled and affiliated (SCA) entities – None
 - Investments in joint ventures, partnerships and limited liability companies – None
 - Derivatives – None
 - Anticipated investment income as a factor in premium deficiency calculation – None
 - Accrued Medical Expense/Unpaid Claim Adjustment Expense – Accrued medical expenses and unpaid claims adjustment expenses include medical expenses billed and not paid, an estimate for costs incurred but not reported (IBNR), and estimated costs to process these claims. To estimate the IBNR balance the Company uses the triangulation method. The triangulation method uses estimates of completion factors, which are then applied to the total paid claims net of coordination of benefits to date for each incurred month. This provides an estimate of the total projected incurred claims and total amount outstanding of claims incurred but not reported. Consideration is also given to changes in turnaround time and claims processing, which may impact completion factors. Substantially all of the IBNR balance as of December 31, 2021 relates to the current year.
- The Company determines IBNR in accordance with actuarial principles and assumptions that are commonly used by health insurance actuaries and meet Actuarial Standards of Practice. Actuarial Standards of Practice require that the liabilities be adequate under moderately adverse circumstances. Actuarial estimates are based upon authorized healthcare services, past claims payment experience, member census, and other relevant factors. The Company consistently applies its reserving methodology from period to period and periodically reviews actual and anticipated experience compared to the assumptions used to establish medical costs.
- While the Company believes the accrual for medical expenses is adequate, actual results could differ from such estimates. The Company recognizes any change in estimates in medical and hospital expenses in the period in which the change is identified.
- Fixed asset capitation policy modifications - None
 - Pharmaceutical Rebates - Estimated rebates to be collected are based on rebates invoiced to the pharmaceutical manufacturers.
- D. Going Concern - None

2. Accounting Changes and Corrections of Errors

Material changes in accounting principle and/or correction of errors - None

3. Business Combinations and Goodwill

- A. Statutory Purchase Method - None
- B. Statutory Merger
- Name and brief description of the combined entities - None
 - Method of accounting - None
 - Shares of stock issued in the transaction - None
 - Details of results of operations - None
 - Adjustments recorded directly to surplus - None
- C. Assumption Reinsurance - None
- D. Impairment Loss recognized on Business Combinations and Goodwill - None
- E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill - None

4. Discontinued Operations

- A. Discontinued Operations Disposed of or Classified as Held for Sale - None
- B. Change in Plan of Sale of Discontinued Operation - None
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal - None
- D. Equity Interest Retained in the Discontinued Operation After Disposal - None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - None
- B. Debt Restructuring - None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities
- Prepayment assumptions - None
 - Recognized Other-than-Temporary Impairment - None
 - Present Value of Cash Flows - None
 - All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized:
 - The aggregate amount of unrealized losses – None
 - The aggregate related fair value of securities with unrealized losses: - None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- H. Repurchase Agreements Transactions Accounted for as a Sale - None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate - None
- K. Low-income housing tax credits (LIHTC) - None
- L. Restricted Assets
- Restricted Assets (Including Pledged)

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted and Nonadmitted) Restricted From Current Year	Total Gross (Admitted and Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Assets (b)
(a.) Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	— %	— %
(b) Collateral held under security lending agreements	0	0	0	0	0	—	—
(c) Subject to repurchase agreements	0	0	0	0	0	—	—
(d) Subject to reverse repurchase agreements	0	0	0	0	0	—	—

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	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted and Nonadmitted) Restricted From Current Year	Total Gross (Admitted and Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Assets (b)
(e) Subject to dollar repurchase agreements	0	0	0	0	0	—	—
(f) Subject to dollar reverse repurchase agreements	0	0	0	0	0	—	—
(g) Placed under option contracts	0	0	0	0	0	—	—
(h) Letter stock or securities restricted as to sale – excluding FHLB capital stock	0	0	0	0	0	—	—
(i) FHLB capital stock	0	0	0	0	0	—	—
(j) On deposit with states	1,221,270	1,244,571	(23,301)	0	1,221,270	2.9	3.0
(k) On deposit with other regulatory bodies	0	0	0	0	0	—	—
(l) Pledged as collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0	—	—
(m) Pledged as collateral not captured in other categories	0	0	0	0	0	—	—
(n) Other restricted assets	0	0	0	0	0	—	—
(o) Total Restricted Assets	\$ 1,221,270	\$ 1,244,571	\$ (23,301)	\$ 0	\$ 1,221,270	2.9 %	3.0 %

1.

Detail of Assets Pledged as Collateral Not Captured in Other Categories - None
2.

Detail of Other Restricted Assets - None
3.

Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements - None
- M.

Working Capital Finance Investments - None
- N.

Offsetting and Netting of Assets and Liabilities - None
- O.

5GI Securities - None
- P.

Short Sales - None
- Q.

Prepayment Penalty and Acceleration Fees - None
- R.

Reporting Entity's Share of Cash Pool by Asset Type - None

6. Joint Ventures, Partnerships and Limited Liability Companies

- A.

Investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of admitted assets - None
- B.

Impaired investments in Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income

- A.

Due and accrued income is excluded from surplus on the following bases:
All investment income due and accrued with amounts that are over 90 days past due.
- B.

Total amount excluded was \$0.

8. Derivative Instruments

- A.

Derivatives under SSAP No. 86 - *Derivatives* - None
- B.

Derivatives under SSAP No. 108 - *Derivative Hedging Variable Annuity Guarantees*

1.

Discussion of hedged item / hedging instruments and hedging strategy - None

2.

Recognition of gains/losses and deferred assets and liabilities - None

3.

Hedging Strategies Identified as No Longer Highly Effective - None

4.

Hedging Strategies Terminated - None

9. Income Taxes

- A.

The components of the net Deferred Tax Asset (DTA)/Deferred Tax Liability(DTL) are as follows:

1.

- (a)

Gross DTA
- (b)

Statutory Valuation Allowance Adjustments
- (c)

Adjusted Gross DTA (1a - 1b)
- (d)

DTA Nonadmitted
- (e)

Subtotal Net Admitted DTA (1c -1d)
- (f)

DTL
- (g)

Net Admitted DTA/(Net DTL) (1e - 1f)

12/31/2021		
(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
\$ 6,920,853	\$ 0	\$ 6,920,853
6,916,442	0	6,916,442
4,411	0	4,411
0	0	0
4,411	0	4,411
4,411	0	4,411
\$ 0	\$ 0	\$ 0

- (a)

Gross DTA
- (b)

Statutory Valuation Allowance Adjustments
- (c)

Adjusted Gross DTA (1a - 1b)
- (d)

DTA Nonadmitted
- (e)

Subtotal Net Admitted DTA (1c -1d)
- (f)

DTL
- (g)

Net Admitted DTA/(Net DTL) (1e - 1f)

12/31/2020		
(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
\$ 6,259,393	\$ 0	\$ 6,259,393
6,253,879	0	6,253,879
5,514	0	5,514
0	0	0
5,514	0	5,514
5,514	0	5,514
\$ 0	\$ 0	\$ 0

- (a)

Gross DTA
- (b)

Statutory Valuation Allowance Adjustments
- (c)

Adjusted Gross DTA (1a - 1b)
- (d)

DTA Nonadmitted
- (e)

Subtotal Net Admitted DTA (1c -1d)
- (f)

DTL
- (g)

Net Admitted DTA/(Net DTL) (1e - 1f)

Change		
(7) Ordinary	(8) Capital	(9) (Col 7+8) Total
\$ 661,460	\$ 0	\$ 661,460
662,563	0	662,563
(1,103)	0	(1,103)
0	0	0
(1,103)	0	(1,103)
(1,103)	0	(1,103)
\$ 0	\$ 0	\$ 0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AMERIHEALTH MICHIGAN, INC.

2. Admission Calculation Components SSAP No. 101::

- (a) Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks
- (b) Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)
- (1) Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date
- (2) Adjusted Gross DTA Allowed per Limitation Threshold
- (c) Adjusted Gross DTA (Excluding The Amount Of DTA From 2(a) and 2(b) above) Offset by Gross DTL
- (d) DTA Admitted as the result of application of SSAP No. 101.
Total (2(a) + 2(b) + 2(c))

12/31/2021		
(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
\$ 0	\$ 0	\$ 0
0	0	0
0	0	0
XXX	XXX	1,602,137
4,411	0	4,411
\$ 4,411	\$ 0	\$ 4,411

- (a) Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks
- (b) Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)
- (1) Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date
- (2) Adjusted Gross DTA Allowed per Limitation Threshold
- (c) Adjusted Gross DTA (Excluding The Amount Of DTA From 2(a) and 2(b) above) Offset by Gross DTL
- (d) DTA Admitted as the result of application of SSAP No. 101.
Total (2(a) + 2(b) + 2(c))

12/31/2020		
(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
\$ 0	\$ 0	\$ 0
0	0	0
0	0	0
XXX	XXX	2,047,953
5,514	0	5,514
\$ 5,514	\$ 0	\$ 5,514

- (a) Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks
- Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above)
- (b) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)
- (1) Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date
- (2) Adjusted Gross DTA Allowed per Limitation Threshold
- Adjusted Gross DTA (Excluding The Amount Of DTA From 2(a) and 2(b) above) Offset by
- (c) Gross DTL
- DTA Admitted as the result of application of SSAP No. 101.
- (d) Total (2(a) + 2(b) + 2(c))

Change		
(7) Ordinary	(8) Capital	(9) (Col 7+8) Total
\$ 0	\$ 0	\$ 0
\$ 0	\$ 0	\$ 0
\$ 0	\$ 0	\$ 0
XXX	XXX	\$ (445,816)
(1,103)	0	(1,103)
(1,103)	0	(1,103)

3.

- (a) .. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.
- (b) .. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above...

2021	2020
405 %	420 %
\$13,680,911	\$13,653,022

4.

- Impact of Tax Planning Strategies
- (a) Determination Of Adjusted Gross DTA and Net Admitted DTA, By Tax Character As A Percentage

- (1) Adjusted Gross DTAs amount from Note 9A1(c)
- (2) Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies
- (3) Net Admitted Adjusted Gross DTA amount from Note 9A1(e)
- (4) Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies

12/31/2021	
(1) Ordinary	(2) Capital
\$ 4,411	\$ 0
\$ 4,411	\$ 0

- (1) Adjusted Gross DTAs amount from Note 9A1(c)
- (2) Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies
- (3) Net Admitted Adjusted Gross DTA amount from Note 9A1(e)
- (4) Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies

12/31/2020	
(3) Ordinary	(4) Capital
\$ 5,514	\$ 0
\$ 5,514	\$ 0

- (1) Adjusted Gross DTAs amount from Note 9A1(c)
- (2) Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies
- (3) Net Admitted Adjusted Gross DTA amount from Note 9A1(e)
- (4) Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies

Change	
(5) (Col 1-3) Ordinary	(6) (Col 2-4) Capital
\$ (1,103)	\$ 0
\$ (1,103)	\$ 0

- (b) Does the company's tax-planning strategies include the use of reinsurance? Yes _____ No X

B. There are no temporary differences for which DTL are not recognized.

C. Current income taxes incurred consist of the following major components::

1. Current Income Tax

- (a) Federal
- (b) Foreign
- (c) Subtotal
- (d) Federal income tax on net capital gains
- (e) Utilization of capital loss carry-forwards
- (f) Other
- (g) Federal and foreign income taxes incurred

	12/31/2021	12/31/2020	Change
(a) Federal	\$ (749,871)	\$ (3,538,117)	\$ 2,788,246
(b) Foreign	0	0	0
(c) Subtotal	(749,871)	(3,538,117)	2,788,246
(d) Federal income tax on net capital gains	0	0	0
(e) Utilization of capital loss carry-forwards	0	0	0
(f) Other	0	0	0
(g) Federal and foreign income taxes incurred	\$ (749,871)	\$ (3,538,117)	\$ 2,788,246

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AMERIHEALTH MICHIGAN, INC.

2. DTA:

	(1) 12/31/2020	(2) 12/31/2019	(3) (Col 1-2) Change
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 52,925	\$ 52,186	\$ 739
(2) Unearned premium reserve	0	0	0
(3) Policyholder reserves	0	0	0
(4) Investments	0	0	0
(5) Deferred acquisition costs	46,337	52,381	(6,044)
(6) Policyholder dividends accrual	0	0	0
(7) Fixed assets	0	0	0
(8) Compensation and benefits accrual	0	0	0
(9) Premium Deficiency Reserve	1,326,798	698,861	627,937
(10) Receivables – nonadmitted	338,917	300,089	38,828
(11) Net operating loss carry-forward	5,155,876	5,155,876	0
(12) Tax credit carry-forward	0	0	0
(13) Other (including items <5% of total ordinary tax assets)	0	0	0
(99) Subtotal	\$ 6,920,853	\$ 6,259,393	\$ 661,460
(b) Statutory valuation allowance adjustment	\$ 6,916,442	\$ 6,253,879	\$ 662,563
(c) Nonadmitted	\$ 0	\$ 0	\$ 0
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 4,411	\$ 5,514	\$ (1,103)
(e) Capital:			
(1) Investments	\$ 0	\$ 0	\$ 0
(2) Net capital loss carry-forward	0	0	0
(3) Real estate	0	0	0
(4) Other (including items <5% of total capital tax assets)	0	0	0
(99) Subtotal	\$ 0	\$ 0	\$ 0
(f) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(g) Nonadmitted	\$ 0	\$ 0	\$ 0
(h) Admitted capital DTA (2e99 - 2f - 2g)	\$ 0	\$ 0	\$ 0
(i) Admitted DTA (2d + 2h)	\$ 4,411	\$ 5,514	\$ (1,103)

3. DTL:

(a) Ordinary			
(1) Investments	\$ 0	\$ 0	\$ 0
(2) Fixed assets	0	0	0
(3) Deferred and uncollected premium	0	0	0
(4) Policyholder reserves	0	0	0
(5) Other (including items<5% of total ordinary tax liabilities)	4,411	5,514	(1,103)
(99) Subtotal	\$ 4,411	\$ 5,514	\$ (1,103)
(b) Capital			
(1) Investments	\$ 0	\$ 0	\$ 0
(2) Real estate	0	0	0
(3) Other (including items <5% of total capital tax liabilities)	0	0	0
(99) Subtotal	\$ 0	\$ 0	\$ 0
(c) DTL (3a99 + 3b99)	\$ 4,411	\$ 5,514	\$ (1,103)

4. Net deferred tax assets/liabilities (2i - 3c)

\$ 0	\$ 0	\$ 0
------	------	------

B. The Company’s income tax incurred and change in deferred income tax differs from the amount obtained by applying federal statutory rate to income before income taxes as follows:

	12/31/2021	12/31/2020
Current income tax expense incurred	\$ (749,871)	(3,538,117)
Change in deferred income tax (without tax on unrealized gains and losses)	0	0
Total income tax expense reported	(749,871)	(3,538,117)
Income before taxes	(6,537,083)	(7,514,831)
Statutory Tax Rate	21%	21%
Expected income tax expense at statutory tax rate	(1,372,787)	(1,578,115)
Increase (decrease) in actual tax reported resulting from:		
(a) Nondeductible expenses for meals and entertainment	0	38
(b) Affordable Care Act (ACA) assessment	0	267,187
(c) Change in deferred taxes on nonadmitted assets	(38,828)	160,072
(d) Change in valuation allowance adjustment	662,563	(2,392,465)
(e) Other – rounding/tax exempt income	(819)	5,166
(f) Effect of new tax law	0	0
Total income tax expense reported	\$ (749,871)	\$ (3,538,117)

C. Operating loss carry-forward

1. As of December 31, 2021 there was \$24,551,790 net operating loss carryforward available for tax purposes..
2. The amount of Federal income taxes incurred that are available for recoupment in the event of future net losses are:

	Ordinary	Capital
2021	\$ 0	\$ 0
2020	\$ 0	\$ 0

3. The aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Code – None

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AMERIHEALTH MICHIGAN, INC.

- D. The Company’s federal income tax return is consolidated with the following entities: BMH LLC, AMHP Holdings Corp. (Holdings), AmeriHealth Caritas Iowa, Inc., Community Behavioral HealthCare Network of Pennsylvania, Inc., AmeriHealth Caritas Delaware, Inc., BMH Subco I LLC, Keystone Family Health Plan, PerformSpecialty, LLC (PerformSpecialty), AmeriHealth Caritas Minnesota, Inc., AmeriHealth Caritas Services, LLC (ACS), BMH Subco II LLC, AmeriHealth Caritas Health Plan (ACHP), PerformRx, LLC (PerformRx), AmeriHealth Caritas District of Columbia, Inc., AmeriHealth Caritas Florida Inc. (Florida True Health, Inc.), AmeriHealth Caritas Louisiana, Inc., AmeriHealth Caritas Texas, Inc., CBHNP Services, Inc., AmeriHealth Caritas New Hampshire, Inc., AmeriHealth Caritas New Mexico, Inc., AmeriHealth Caritas North Carolina, Inc., AmeriHealth Caritas Ohio, Inc., Select Health of South Carolina, Inc.
- The method of allocation is subject to written agreement, approved by the Board of Directors. Allocation is based upon separate return calculations with a credit for current losses pursuant to the terms of the tax sharing agreement.
- E. Federal or foreign income tax loss contingencies – None
- F. Repatriation Transition Tax (RTT) – None
- G. Alternative Minimum Tax (AMT) Credit – None
10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties
- A. B. Material related party transactions - The Company received capital contributions of \$3,000,000 from Holdings during 2021. On February 25, 2022, \$3,000,000 in cash was received by the Company from Holdings, fulfilling Statement of Statutory Accounting Principles (SSAP) No. 72, *Surplus and Quasi-Reorganizations* requirements. At December 31, 2021, the Company recorded a \$3,000,000 capital contribution receivable that is more fully described in Note 22. On February 18, 2021, \$5,500,000 in cash was received by the Company from Holdings fulfilling SSAP No. 72 requirements.
- C. Transactions with related parties who are not reported on Schedule Y – None
- D. At December 31, 2021,the Company reported the below amounts due to related parties:
- (1) ACS\$948,246
- (2) PerformRx\$46,462
- E. Material management or service arrangements:
1. The Company maintains a Management and Administrative Services Agreement with ACS, an affiliated company.
2. The Company maintains a Staffing Services Agreement (Agreement) with ACS for an initial term of five years, with an automatic annual renewal thereafter unless terminated by either party pursuant to the Agreement. In connection with the Agreement, ACS furnishes to the Company employees necessary to carry out the business operations of the Company.
3. PerformRx, a wholly owned subsidiary of ACHP, provides pharmacy benefit management (PBM) services to the Company.
4. PerformSpecialty, a wholly owned subsidiary of PerformRx, supplies specialty pharmacy drugs to the Company. Amounts due to PerformSpecialty are included in claims unpaid on pg. 3 of the annual statement.
- F. Parental guarantees – None
- G. The Company is an indirect wholly owned subsidiary of ACHP. ACHP is a Pennsylvania partnership formed to develop and operate managed care business for Medicaid and Medicare enrollees.
- H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream SCA entity – None
- I. Investments in an SCA entity that exceed 10% of admitted assets – None
- J. Write-downs for impaired investments in SCA entities – None
- K. Investment in foreign subsidiary calculation – None
- L. Investment in a downstream noninsurance holding company – None
- M. All SCA Investments
1. Balance Sheet Value (Admitted and Nonadmitted) All SCAs – None
2. NAIC filing response information – None
- N. Investment in Insurance SCAs – None
- O. SCA and SSAP No. 48 Entity Loss Tracking – None
11. Debt
- A. Capital Notes – None
- B. Federal Home Loan Bank (FHLB) Agreements – None
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
- A. Defined Benefit Plan – None
- B. C. Postretirement Plan Assets – None
- D. Basis used to determine the overall expected long-term rate-of-return-on-assets assumption – None
- E. Defined Contribution Plans – None
- F. Multiemployer Plans – None
- G. Consolidated/Holding Company Plans – None
- H. Postemployment Benefits and Compensated Absences – None
- I. Impact of Medicare Modernization Act on Postretirement Benefits – None
13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
- A. Common Capital stock outstanding -The Company has 60,000 shares authorized, 10,000 share issued and outstanding, however no par value.
- B. Preferred stock – None
- C. Dividend restrictions – Pursuant to Michigan Insurance Code Section 500.1343, shareholder dividends shall be declared or paid only from earned surplus (excluding surplus arising from unrealized capital gains or a revaluation of assets), unless the commissioner approves the dividend prior to payment. Shareholder dividends declared by domestic insurers must be reported to the commissioner within 5 business days of the insurer declaring the dividend and at least 10 business days beginning from the date of receipt by the commissioner before the payment. Extraordinary dividends exceeding 10% of the insurer's prior year surplus or net gains from operations, excluding realized capital gains, of the preceding year, shall not be paid until 30 days after the commissioner has received notice of the declaration and has not disapproved or has approved the payment within that period..
- D. Dates and amounts of dividends paid – None
- E. Stockholder’s portion of ordinary dividend from profits – None
- F. Restrictions placed on unassigned funds (surplus) – None
- G. The total amount of advances to surplus not repaid – None
- H. The amount of stock held by the Company for special purposes – None
- I. Changes in balances of special surplus funds from the prior year – None
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses are \$0.
- K. Surplus notes – None
- L. Impact of any restatement due to quasi-reorganization – None
- M. Effective dates of all quasi-reorganizations in the prior 10 years is/are – NoneNone
14. Liabilities, Contingencies and Assessments
- A. Contingent Commitments – None
- B. Assessments – None
- C. Gain Contingencies – None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None
- E. Joint and Several Liabilities – None
- F. All Other Contingencies – None
15. Leases
- A. Lessee Operating Leases
1. A general description of the lessee’s leasing arrangements - None
2. Minimum aggregate rental commitments at year end - None
3. The company is not involved in any material sales – leaseback transactions.
- B. Lessor Leases
1. Operating Leases – None
2. Leverage Leases - None
- 16 . Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk
- A. The face, contract or notional principle amount – None
- B. The nature and terms of the contract – None
- C. The amount of accounting loss the entity would incur if any party to the financial instrument failed completely to perform according to the term of the contract and the collateral or other security, if any, for the amount due proved to be of no value to the entity – None
- D. The Company’s policy of requiring collateral or other security to support financial instruments subject to credit risk – None
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
- A. Transfers of Receivables reported as Sales – None
- B. Transfer and Servicing of Financial Assets – None
- C. Wash Sales – None
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
- A. ASO Plans – None
- B. ASC Plans – None
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract – None
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – None
20. Fair Value Measurements
- A. B., Fair value measurement at reporting date
1. Certain assets and liabilities of the Company are measured and reported: (a) at amortized cost, or (b) at values that approximate fair value due to their liquid or short-term nature.
2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None
3. Transfers in and/or out of Level 3 – None
4. Fair value measurements categorized within Level 2 and 3 – None
- C. The aggregate fair value of all financial instruments and the level within the fair value hierarchy - None
- D. Not Practicable to Estimate Fair Value – None
- E. Investment measured using the NAV practical expedient – None
21. Other Items
- A. Unusual or Infrequent Items – None
- B. Troubled Debt Restructuring: Debtors – None
- C. Other Disclosures – None
- D. Business Interruption Insurance Recoveries – None
- E. State Transferable and Non-transferable Tax Credits – None
- F. Subprime-Mortgage-Related Risk Exposure – None
- G. Retained Assets – None
- H. Insurance-Linked Securities (ILS) Contracts – None
- I. Amounts that could be realized on Life Insurance where the reporting entity is owner and beneficiary or has otherwise obtained rights to control the policy – None

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AMERIHEALTH MICHIGAN, INC.

22. Events Subsequent

Type 1 – Recognized subsequent events
As of December 31, 2021, the Company recorded a \$3,000,000 capital contribution receivable and corresponding paid in capital, as approved by the DIFS on February 23, 2022, which was recognized in accordance with SSAP No. 72. On February 25, 2022 \$3,000,000 in cash was received by the Company from Holdings.

Type 2 – Nonrecognized subsequent events -

The spread of the coronavirus strain classified as COVID-19 and its variants continues to challenge the healthcare industry, disrupt the global economy and supply chains and cause volatility within financial markets. First declared a public health emergency by the Office of the Assistant Secretary for Preparedness & Response (ASPR) on January 31, 2020, the public health emergency declaration was renewed by the ASPR effective January 16, 2022. The Company has been shielded from substantial financial losses primarily as a result of deferrals in care stemming from federal and state social distancing measures and stay-at-home directives, the U.S. federal government's expansion of Medicaid under passage of The Coronavirus Aid, Relief, and Economic Security (the CARES Act) in March 2020, the 2020 Consolidated Appropriations Act in December 2020 and increased Medicaid enrollment stemming from pandemic-driven unemployment. The extent of the impact of the COVID-19 pandemic on the Company's financial statements will depend on future developments that remain highly uncertain and unpredictable at this time. The Company continues to closely monitor evolving developments related to the COVID-19 pandemic and the potential corresponding impacts on the Company's financial condition, results of operations and cash flows.

23. Reinsurance

- A. Ceded Reinsurance Report – None
- B. Uncollectible Reinsurance – None
- C. Commutation of Ceded Reinsurance – None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
 - 1. Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation – None
 - 2. Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None
- E. Reinsurance Credit – None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Accrued retrospective premium adjustments – None
- B. Accrued retrospective premium as an adjustment to earned premium – None
- C. The amount of net premium written that are subject to retrospective rating features – None
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act – None
- E. Risk- Sharing Provisions of the ACA – None

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2020 were \$13,615,886 for incurred claims and claim adjustment expenses. As of December 31, 2021, \$10,335,775 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$122,772 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior year development of \$3,157,339 during 2021 for the year ended December 31, 2020. The favorable reserves developments are attributable to claims settled for amounts less than originally estimated, primarily due to lower health care cost trends as well as the actual claim submission time being faster than assumed in establishing the accrued medical expenses in the prior year. These adjustments are generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements – None

27. Structured Settlements – None

28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables – As discussed in note 10, PerformRx provides PBM services to the Company. PerformRx maintains the contractual arrangements with the drug manufacturers for rebates that cover the Company's membership. The Company receives those rebates collected by PerformRx relating to the Company's membership on a quarterly basis pursuant to the agreement. In accordance with SSAP No. 84, *Health Care and Government Insured Plan Receivables*, pharmacy rebate receivable of \$1,509,663 and \$618,199 at December 31, 2021 and 2020, respectively, were nonadmitted.

Quarter ended	Estimated pharmacy rebates as reported on financial statements	Pharmacy rebates as billed or otherwise confirmed	Actual rebates received within 90 days of billing	Actual rebates received within 91 to 180 days of billing	Actual rebates received more than 180 days after billing
12/31/2021	\$ 405,594	\$ 433,571	\$ 0	\$ 0	\$ 0
09/30/2021	\$ 420,000	\$ 462,427	\$ 0	\$ 0	\$ 0
06/30/2021	\$ 431,000	\$ 432,725	\$ 22,660	\$ 0	\$ 0
03/31/2021	\$ 255,000	\$ 443,894	\$ 0	\$ 286,154	\$ 0
12/31/2020	\$ 254,345	\$ 272,238	\$ 825	\$ 270,504	\$ 2,884
09/30/2020	\$ 241,000	\$ 258,569	\$ 788	\$ 256,556	\$ 3,271
06/30/2020	\$ 292,000	\$ 298,729	\$ 3,941	\$ 242,979	\$ 2,433
03/31/2020	\$ 297,000	\$ 302,880	\$ 4,335	\$ 294,789	\$ 1,159
12/31/2019	\$ 320,109	\$ 308,064	\$ 6,563	\$ 302,224	\$ 0
09/30/2019	\$ 318,000	\$ 315,204	\$ 4,551	\$ 300,151	\$ 5,907
06/30/2019	\$ 316,000	\$ 320,644	\$ 7,979	\$ 299,642	\$ 12,083
03/31/2019	\$ 346,000	\$ 318,215	\$ 0	\$ 311,367	\$ 4,617

- B. Risk Sharing Receivables – None

29. Participating Policies – None

30. Premium Deficiency Reserves

- (1) Premium Deficiency Reserves \$ 6,318,086
- (2) Date of the most recent evaluation of this liability 12/31/2021
- (3) Was anticipated investment income utilized in the calculation? Yes ___ No X

31. Anticipated Salvage and Subrogation – None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes [X] No []
- If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X] No [] N/A []
- 1.3

State Regulating? Michigan.....
- 1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [] No [X]
- 1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]
- 2.2

If yes, date of change:
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2021
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2016
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....05/23/2018
- 3.4

By what department or departments? Pennsylvania Insurance Department.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business?

Yes [] No [X]
- 4.12 renewals?

Yes [] No [X]
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business?

Yes [] No [X]
- 4.22 renewals?

Yes [] No [X]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]
- If yes, complete and file the merger history data file with the NAIC.
- 5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]
- 6.2

If yes, give full information
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]
- 7.2

If yes,
- 7.21 State the percentage of foreign control

.....0.0 %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the DIHC.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? Yes [] No [X]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [X] N/A []

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Deloitte & Touche LLP 1700 Market Street, Suite 2700, Philadelphia, PA 19103.....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? Rejean Boivin, Vice President Chief Actuary, Actuarial Services, AmeriHealth Caritas Health Plan, 100 Stevens Drive, Philadelphia, PA 19113, employee of the holding company system.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

0

\$.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [X] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?
- Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
- Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....3,000,000
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?
- Yes [] No [X]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)
- Yes [X] No []

GENERAL INTERROGATORIES

25.02 If no, give full and complete information, relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....0

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]

25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0

25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0

25.093 Total payable for securities lending reported on the liability page \$.....0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03). Yes [X] No []

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements \$.....

26.22 Subject to reverse repurchase agreements \$.....

26.23 Subject to dollar repurchase agreements \$.....

26.24 Subject to reverse dollar repurchase agreements \$.....

26.25 Placed under option agreements \$.....

26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....

26.27 FHLB Capital Stock \$.....

26.28 On deposit with states \$.....1,221,270

26.29 On deposit with other regulatory bodies \$.....

26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....

26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....

26.32 Other \$.....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No [X]

27.4 If the response to 27.3 is YES, does the reporting entity utilize:
27.41 Special accounting provision of SSAP No. 108 Yes [] No [X]
27.42 Permitted accounting practice Yes [] No [X]
27.43 Other accounting guidance Yes [] No [X]

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

28.2 If yes, state the amount thereof at December 31 of the current year. \$.....

29. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [] No [X]

29.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Company has no stocks, bonds or other securities.....	

GENERAL INTERROGATORIES

29.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
Company has no stocks, bonds or other securities.....		

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [] No [X]

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation
Michael Burgoyne, who makes recommendations to BOD.....	I.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets? Yes [] No [X]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets? Yes [] No [X]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 TOTAL		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds.....	1,221,270	1,221,270	0
31.2 Preferred Stocks.....	0		0
31.3 Totals	1,221,270	1,221,270	0

31.4 Describe the sources or methods utilized in determining the fair values:
IDC's bond pricing service is used to determine the fair value of bonds. For short-term investments, cost approximates fair value due to the short term nature of these investments.....

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
a.Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b.Issuer or obligor is current on all contracted interest and principal payments.
c.The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities? Yes [] No [X]

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities? Yes [] No [X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [X] No [] NA []

GENERAL INTERROGATORIES

OTHER

- 38.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$0
- 38.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 39.1 Amount of payments for legal expenses, if any? \$0
- 39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$0
- 40.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only.

\$0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned\$0

1.62 Total incurred claims\$0

1.63 Number of covered lives.....0

All years prior to most current three years:

1.64 Total premium earned\$0

1.65 Total incurred claims\$0

1.66 Number of covered lives.....0

1.7 Group policies:

Most current three years:

1.71 Total premium earned\$0

1.72 Total incurred claims\$0

1.73 Number of covered lives.....0

All years prior to most current three years:

1.74 Total premium earned\$0

1.75 Total incurred claims\$0

1.76 Number of covered lives.....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$79,509,994	\$	.....72,372,783
2.2	Premium Denominator	\$79,509,994	\$	.....72,372,783
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$21,280,051	\$	.....16,787,276
2.5	Reserve Denominator	\$21,280,051	\$	.....16,787,276
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No []

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [] No [X]

5.2 If no, explain:

AmeriHealth Michigan, Inc. is an established Plan with over 3,000 covered lives.

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical\$

5.32 Medical Only\$

5.33 Medicare Supplement\$

5.34 Dental and Vision\$

5.35 Other Limited Benefit Plan\$

5.36 Other\$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

All providers have executed hold-harmless agreements requiring continuation of services.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [X] No []

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year.....15,142

8.2 Number of providers at end of reporting year.....17,555

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months.....

9.22 Business with rate guarantees over 36 months.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$.....
- 10.22 Amount actually paid for year bonuses \$.....
- 10.23 Maximum amount payable withholds \$.....
- 10.24 Amount actually paid for year withholds \$.....
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [] No [X]
- 11.13 An Individual Practice Association (IPA), or, Yes [X] No []
- 11.14 A Mixed Model (combination of above) ? Yes [] No [X]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Michigan.....
- 11.4 If yes, show the amount required. \$.....7,950,999
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation 10% of HMO subscription revenue - \$79,509,994 x 10% = \$7,950,999
12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
Wayne.....
Macomb.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [] No [N/A] [X]
- 14.2 If the answer to 14.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).
- 15.1 Direct Premium Written \$.....
- 15.2 Total Incurred Claims \$.....
- 15.3 Number of Covered Lives

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

FIVE - YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	40,099,558	33,185,619	29,392,681	26,036,310	25,547,831
2. Total liabilities (Page 3, Line 24)	26,418,647	19,532,597	18,025,196	15,366,574	12,684,304
3. Statutory minimum capital and surplus requirement	7,950,999	7,237,278	6,663,427	7,542,885	7,319,306
4. Total capital and surplus (Page 3, Line 33)	13,680,911	13,653,022	11,367,485	10,669,736	12,863,527
Income Statement (Page 4)					
5. Total revenues (Line 8)	79,509,994	72,372,783	66,634,269	75,428,851	73,193,056
6. Total medical and hospital expenses (Line 18)	71,224,830	66,992,223	63,175,199	71,289,384	62,801,645
7. Claims adjustment expenses (Line 20)	5,338,545	4,678,284	4,376,246	6,108,422	6,203,546
8. Total administrative expenses (Line 21)	6,504,521	8,090,186	7,110,593	9,073,026	7,257,463
9. Net underwriting gain (loss) (Line 24)	(6,548,081)	(7,615,818)	(9,127,769)	(13,041,981)	(3,069,598)
10. Net investment gain (loss) (Line 27)	10,999	100,987	396,585	291,933	211,792
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	(5,787,211)	(3,976,714)	(8,646,843)	(10,741,247)	(2,857,806)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	222,686	50,969	(4,939,227)	(14,994,185)	(14,625,289)
Risk-Based Capital Analysis					
14. Total adjusted capital.....	13,680,911	13,653,022	11,367,485	10,669,736	12,863,527
15. Authorized control level risk-based capital.....	3,374,894	3,260,411	3,120,114	3,437,673	2,953,960
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	3,085	3,008	2,965	2,892	3,286
17. Total members months (Column 6, Line 7)	36,416	34,540	33,609	38,379	39,540
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	89.6	92.6	94.8	94.5	85.8
20. Cost containment expenses	5.9	5.5	5.8	7.3	7.7
21. Other claims adjustment expenses	0.9	1.0	0.8	0.8	0.7
22. Total underwriting deductions (Line 23)	108.2	110.5	113.7	117.3	104.2
23. Total underwriting gain (loss) (Line 24)	(8.2)	(10.5)	(13.7)	(17.3)	(4.2)
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	10,302,029	9,521,236	6,781,505	7,012,415	10,618,382
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	13,459,368	12,698,401	11,093,037	10,974,301	14,509,422
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors?.....Yes [] No []

If no, please explain

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

			1	Direct Business Only								
			2	3	4	5	6	7	8	9	10	
State, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	AL	N								0	0
2.	Alaska	AK	N								0	0
3.	Arizona	AZ	N								0	0
4.	Arkansas	AR	N								0	0
5.	California	CA	N								0	0
6.	Colorado	CO	N								0	0
7.	Connecticut	CT	N								0	0
8.	Delaware	DE	N								0	0
9.	District of Columbia	DC	N								0	0
10.	Florida	FL	N								0	0
11.	Georgia	GA	N								0	0
12.	Hawaii	HI	N								0	0
13.	Idaho	ID	N								0	0
14.	Illinois	IL	N								0	0
15.	Indiana	IN	N								0	0
16.	Iowa	IA	N								0	0
17.	Kansas	KS	N								0	0
18.	Kentucky	KY	N								0	0
19.	Louisiana	LA	N								0	0
20.	Maine	ME	N								0	0
21.	Maryland	MD	N								0	0
22.	Massachusetts	MA	N								0	0
23.	Michigan	MI	L		79,509,994						79,509,994	0
24.	Minnesota	MN	N								0	0
25.	Mississippi	MS	N								0	0
26.	Missouri	MO	N								0	0
27.	Montana	MT	N								0	0
28.	Nebraska	NE	N								0	0
29.	Nevada	NV	N								0	0
30.	New Hampshire	NH	N								0	0
31.	New Jersey	NJ	N								0	0
32.	New Mexico	NM	N								0	0
33.	New York	NY	N								0	0
34.	North Carolina	NC	N								0	0
35.	North Dakota	ND	N								0	0
36.	Ohio	OH	N								0	0
37.	Oklahoma	OK	N								0	0
38.	Oregon	OR	N								0	0
39.	Pennsylvania	PA	N								0	0
40.	Rhode Island	RI	N								0	0
41.	South Carolina	SC	N								0	0
42.	South Dakota	SD	N								0	0
43.	Tennessee	TN	N								0	0
44.	Texas	TX	N								0	0
45.	Utah	UT	N								0	0
46.	Vermont	VT	N								0	0
47.	Virginia	VA	N								0	0
48.	Washington	WA	N								0	0
49.	West Virginia	WV	N								0	0
50.	Wisconsin	WI	N								0	0
51.	Wyoming	WY	N								0	0
52.	American Samoa	AS	N								0	0
53.	Guam	GU	N								0	0
54.	Puerto Rico	PR	N								0	0
55.	U.S. Virgin Islands	VI	N								0	0
56.	Northern Mariana Islands	MP	N								0	0
57.	Canada	CAN	N								0	0
58.	Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0	0
59.	Subtotal		XXX	0	79,509,994	0	0	0	0	0	79,509,994	0
60.	Reporting entity contributions for Employee Benefit Plans		XXX								0	
61.	Total (Direct Business)		XXX	0	79,509,994	0	0	0	0	0	79,509,994	0
DETAILS OF WRITE-INS												
58001.			XXX									
58002.			XXX									
58003.			XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0	0

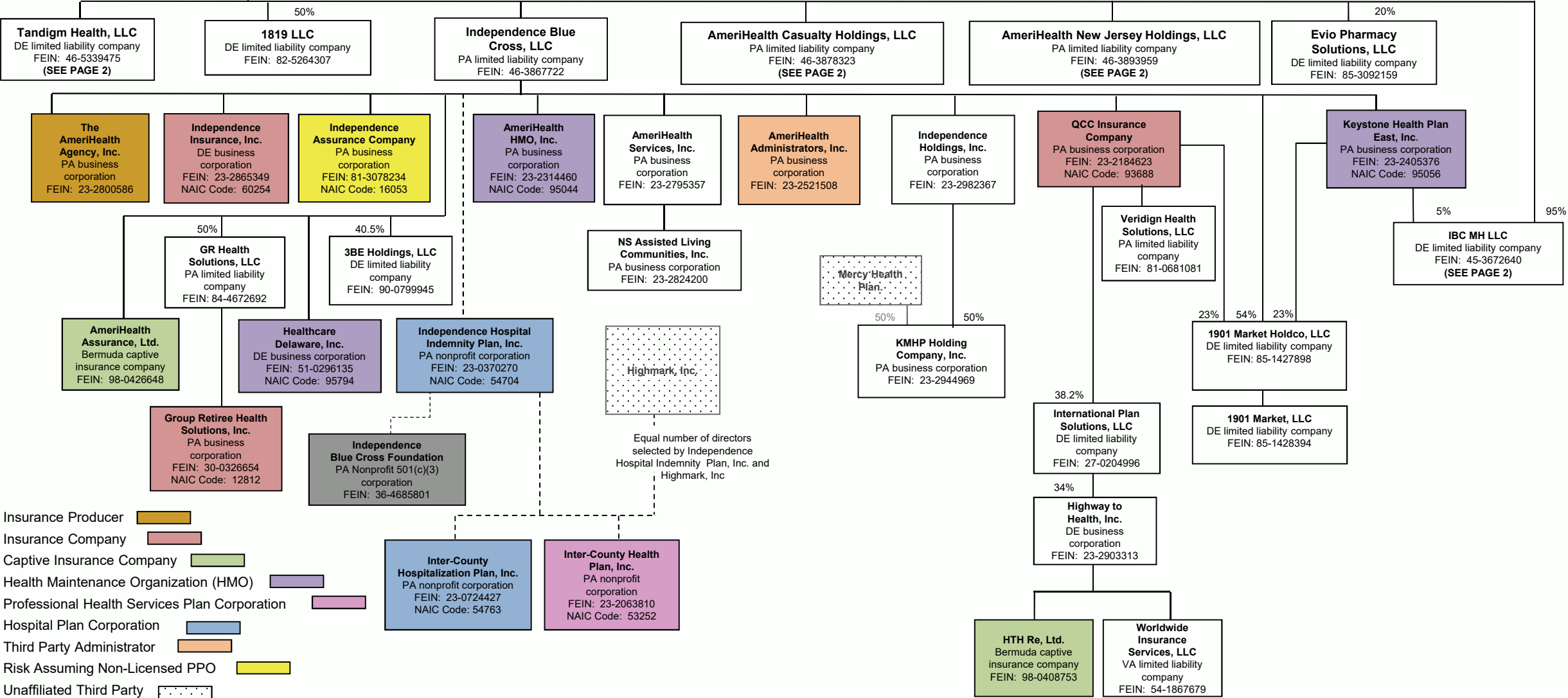
(a) Active Status Counts
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1 R – Registered – Non-domiciled RRGs 0
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0 Q – Qualified – Qualified or accredited reinsurer 0
N – None of the above – Not allowed to write business in the state lines in the state 56

(b) Explanation of basis of allocation of premiums by states, etc.
The Company has business in the state of Michigan only.

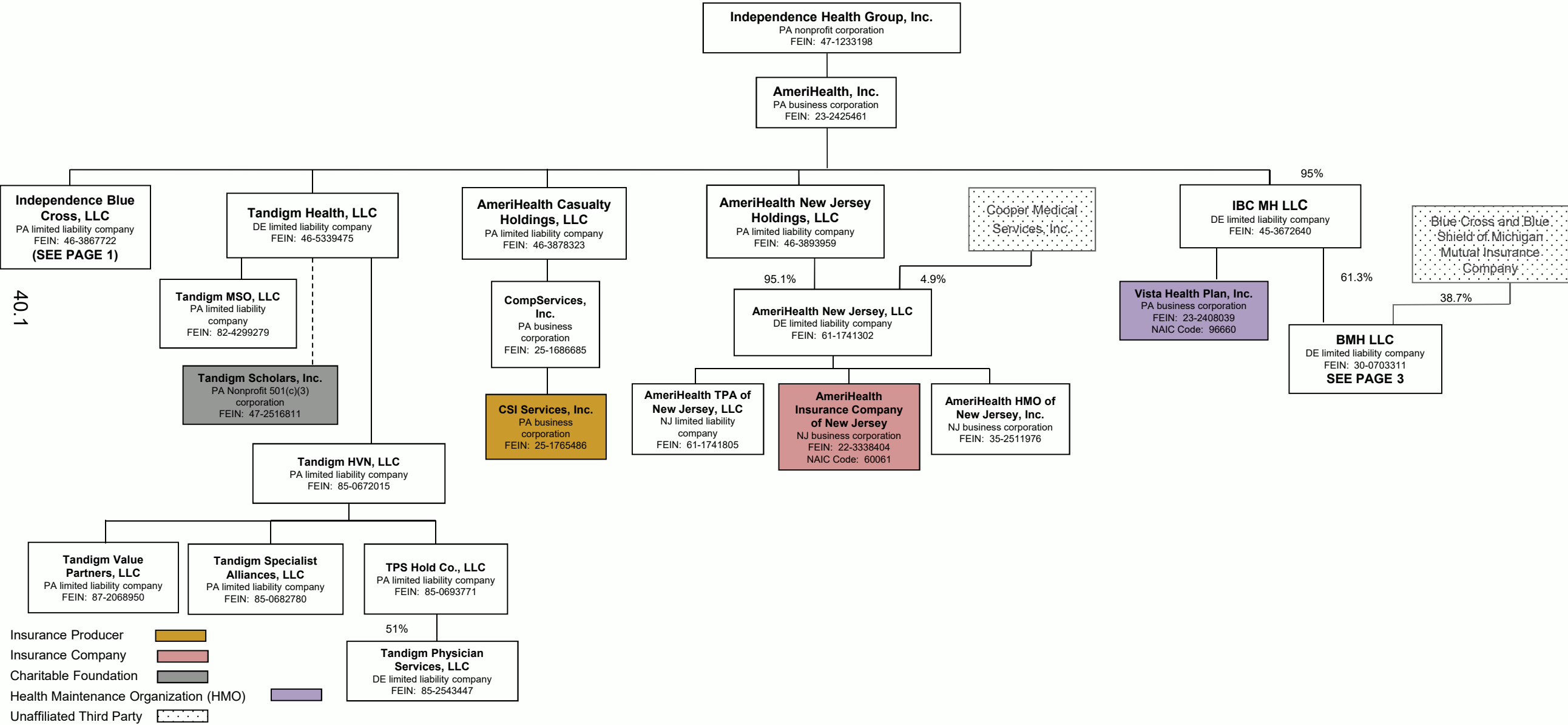
Independence Health Group, Inc.
PA nonprofit corporation
FEIN: 47-1233198

AmeriHealth, Inc.
PA business corporation
FEIN: 23-2425461

STATEMENT AS OF DECEMBER 31, 2021 of AMERIHEALTH MICHIGAN, INC.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

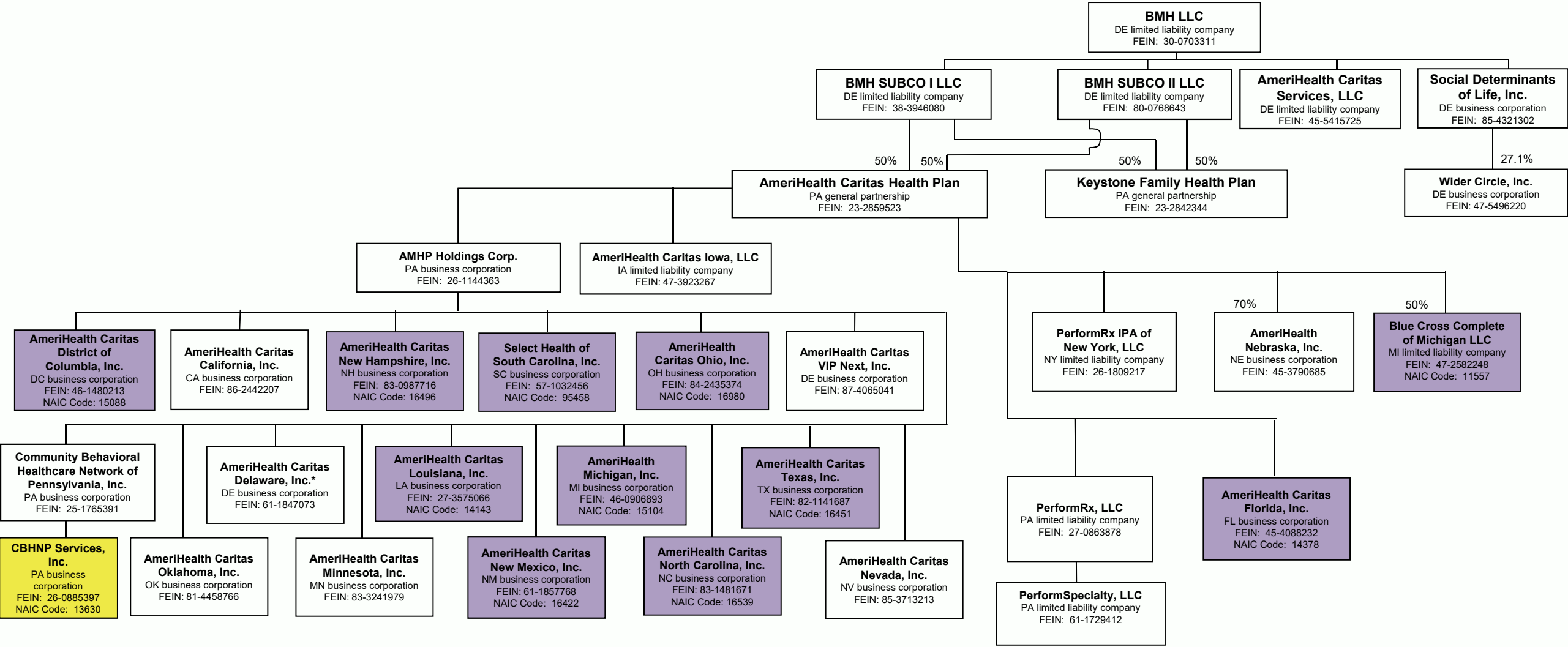


STATEMENT AS OF DECEMBER 31, 2021 of AMERIHEALTH MICHIGAN, INC.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



STATEMENT AS OF DECEMBER 31, 2021 of AMERIHEALTH MICHIGAN, INC.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

40.2



*Entity is not classified as an HMO under Delaware law. By letter dated October 19, 2018, entity has been certified by the Delaware Department of Health and Social Services to serve State Medicaid clients effective January 1, 2018.

Health Maintenance Organization (HMO)
Risk Assuming Non-Licensed PPO